

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 3970

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			✓			
2			✓			
3			✓			
4			✓			
5			✓			
6			✓			
7			✓			
8			✓			
9			✓			
10			✓			
11			✓			
12			✓			
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14			✓			
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17			✓			
18			✓			
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25			✓			
26			✓			
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49						
50						
TOTAL IND.			✓			
TOTAL DEP.			✓			
TOTAL CLAIMS			30			

TOTAL IND.		✓			
TOTAL DEP.		✓			
TOTAL CLAIMS		✓			